Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main

		Document	Page 1 of 45	
Fill in this info	rmation to identify your	case:		
Debtor 1	Sherry Boyer			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		WESTERN DISTRICT OF PE	ENNSYLVANIA	
Case number	19-24180			
(if known)				☐ Check if this is an amended filing
				•

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pai	t 1: Summarize Your Assets		
		Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	140,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	6,631.25
	1c. Copy line 63, Total of all property on Schedule A/B	\$	146,631.25
Pai	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	233,584.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	45,212.00
	Your total liabilities	\$	278,796.00
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	618.72
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	670.00
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or

the court with your other schedules.

Official Form 106Sum

Summary of You

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Case 19-24180-CMB Document

Page 2 of 45
Case number (if known) 19-24180 Debtor 1 Sherry Boyer

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.

327.07 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clai	m
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	Case	19-24180-C	MR DOCT	_	iled 12/02 cument	/19 Entered 12/ Page 3 of 45	02/19 05	:56:42	Desc Main	
Fill	in this infor	nation to identify	your case and th	is filing	g:					
Deb	tor 1	Sherry Boye	er							
		First Name	Middle	Name		Last Name				
	tor 2 use, if filing)	First Name	Middle	Name		Last Name				
Unit	ed States Ba	inkruptcy Court for	the: WESTERN	DISTR	ICT OF PENN	ISYLVANIA				
Cas	e number _	19-24180				_			☐ Check if this is an amended filing	
									amended ming	
Off	ficial Fo	rm 106A/E	3							
Sc	hedul	e A/B: Pi	roperty						12/15	
infori	mation. If mor ver every ques	e space is needed, stion.	attach a separate sl	neet to t	his form. On th	e are filing together, both are e top of any additional page vn or Have an Interest In			, 0	
1.1	Yes. Where i	s the property?		What	t is the property	/? Check all that apply				
	108 Howa	rd Street		_	Single-family I		Do not dedu	deduct secured claims or exemptions. Put		
	Street address,	if available, or other des	scription	Duplex or multi-unit building Condominium or cooperative		the amount of any secured claims Creditors Who Have Claims Secu		d claims on <i>Schedule D:</i>		
	Charleroi	DA	45022 0000			or mobile home	Current val		Current value of the	
	City	PA State	ZIP Code			onerty	entire prop	erty? 60,000.00	portion you own? \$140,000.00	
	Oity	Giate	Zii Gode		Timeshare	орену			our ownership interest	
				\		t in the manufact of the	(such as fe		ancy by the entireties, or	
				wno	1	t in the property? Check one	Fee Simp	•		
	Washingt	on								
	County					Debtor 2 only				
						f the debtors and another		if this is com tructions)	munity property	
					r information ye	ou wish to add about this ite	,	,		
				Res	idence	ue Determined By 201	9 Appraisal			
		ar value of the po				from Part 1, including any	y entries for		\$140,000.00	

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Deb	tor 1	Sherry Boye	r	Document	Page 4 of 45 Case numb	er (if known)	19-24180
3. C	ars, va	ns, trucks, tract	tors, sport utility vehicle	s, motorcycles			
	No						
	Yes						
					cles, other vehicles, and access owmobiles, motorcycle accessori		
-	No						
	Yes						
					om Part 2, including any entrie		\$0.00
Part	3: Des	scribe Your Perso	nal and Household Items				
Doy	you ow	n or have any lo	egal or equitable interes	t in any of the follow	ring items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Е		old goods and f es: Major applian	urnishings ices, furniture, linens, chin	a, kitchenware			
		Describe					
			Various Household Summary Available Location: 108 Howa	Upon Request	_		\$3,000.00
	lectron	ics					
E	Example _	es: Televisions a	nd radios; audio, video, st phones, cameras, media		oment; computers, printers, scann	ers; music c	ollections; electronic devices
	■ No □ Yes.	Describe					
E	Example		figurines; paintings, prints ons, memorabilia, collectib		oks, pictures, or other art objects;	stamp, coin,	or baseball card collections;
_	■ No □ Yes.	Describe					
		ent for sports ares: Sports, photo musical instru	graphic, exercise, and oth	er hobby equipment;	bicycles, pool tables, golf clubs, s	kis; canoes a	and kayaks; carpentry tools;
_	■ No □ Yes.	Describe					
_	_ '		s, shotguns, ammunition, a	and related equipmen	t		
_	No Yes.	Describe					
	No .		othes, furs, leather coats,	designer wear, shoes	, accessories		
-	- 165.	Describe	Clothing			\neg	
			Clothing	rd Street Charler	oi PA 15022		\$500.00

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main

Page 5 of 45 Case number (if known) 19-24180 Document Debtor 1 Sherry Boyer 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... Jewerly \$200.00 Location: 108 Howard Street, Charleroi PA 15022 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe..... 2 Dogs \$0.00 Location: 108 Howard Street, Charleroi PA 15022 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3,700.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No Cash \$31.25 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **PNC Bank** \$2,900.00 Checking 17.1. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No Official Form 106A/B Schedule A/B: Property page 3

Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main

Case 19-24180-CMB

Doc 15

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 6 of 45 Case number (if known) 19-24180 Debtor 1 Sherry Boyer ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Company name: Surrender or refund Official Form 106A/B Schedule A/B: Property page 4

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Page 7 of 45 Case number (if known) 19-24180 Document Debtor 1 Sherry Boyer value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... ■ No ☐ Yes. Describe each claim.......

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$2.931.25 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00

Official Form 106A/B Schedule A/B: Property page 5

Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Case 19-24180-CMB Doc 15 Document

Page 8 of 45
Case number (if known) 19-24180 Debtor 1 **Sherry Boyer** List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 55. \$140,000.00 Part 2: Total vehicles, line 5 56. \$0.00 Part 3: Total personal and household items, line 15 57. \$3,700.00 58. Part 4: Total financial assets, line 36 \$2,931.25 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$6,631.25 Copy personal property total 62. \$6,631.25

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$146,631.25

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main

Fill in this info				
Debtor 1	Sherry Boyer			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		WESTERN DISTRICT (OF PENNSYLVANIA	
Case number	19-24180			
(if known)				Check if this is an
				amended filing

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
	■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	· · · · · · · · · · · · · · · · · · ·		Specific laws that allow exemption	
	Copy the value from Check only one box for each exemption. Schedule A/B				
Various Household Goods & Furnishings	\$3,000.00		\$3,000.00	11 U.S.C. § 522(d)(3)	
Summary Available Upon Request Location: 108 Howard Street, Charleroi PA 15022 Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		
Clothing Location: 108 Howard Street,	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)	
Charleroi PA 15022 Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit		
Jewerly Location: 108 Howard Street,	\$200.00		\$200.00	11 U.S.C. § 522(d)(4)	
Charleroi PA 15022 Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit		
2 Dogs Location: 108 Howard Street,	\$0.00		\$0.00	11 U.S.C. § 522(d)(3)	
Charleroi PA 15022 Line from Schedule A/B: 13.1			100% of fair market value, up to any applicable statutory limit		
Cash Line from Schedule A/B: 16.1	\$31.25		\$31.25	11 U.S.C. § 522(d)(5)	
Enterior Correctate 7/D. 1911			100% of fair market value, up to any applicable statutory limit		

Document Page 10 of 45 Case number (if known) Debtor 1 Sherry Boyer 19-24180 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: PNC Bank** 11 U.S.C. § 522(d)(5) \$2,900.00 \$2,900.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Filed 12/02/19 Entered 12/02/19 05:56:42

Desc Main

Case 19-24180-CMB

Yes

Doc 15

	Case 19-		B DOC 15 Filed 12/02 Document	Page 11	ered 12/02/19 (of 45		o man
Fill in	this informatio	n to identify you		Faue II	()1 4.)		
Debto	or 1 S	herry Boyer					
		rst Name	Middle Name	Last Name			
Debto		rst Name	Middle Name	Last Name			
	, 0,						
Unite	d States Bankrup	otcy Court for the	WESTERN DISTRICT OF PEN	NSYLVANIA			
Case	number 19-2	4180					
(if knov	vn)					☐ Check	if this is an
						amend	ded filing
∩ffi∂	cial Form 10	06D					
			Who Have Claims	Sacurad	by Proporty		40/45
<u> </u>	iedule D.	Creditors	WIID Have Claims	<u>Secureu</u>	by Property	<u> </u>	12/15
			If two married people are filing togetheout, number the entries, and attach it t				
	er (if known).	inonai i ago, iii ic	out, number the onthios, and attach it	.5 4110 1511111 511	and top or any addition	ar pagee, write your na	mo una sass
. Do a	iny creditors have	claims secured by	y your property?				
	No. Check this	box and submit t	his form to the court with your other	schedules. You	u have nothing else to	report on this form.	
	Yes. Fill in all o	f the information	below.				
Part	1: List All Sed	cured Claims					
			more than one secured claim, list the cree		Column A	Column B	Column C
			s a particular claim, list the other creditors cal order according to the creditor's name		Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
	•	•	•		value of collateral.	claim	If any
2.1	Bankamerica Creditor's Name		Describe the property that secures to 108 Howard Street Charleroi		\$233,584.00	\$280,000.00	\$0.00
			15022 Washington County	, []			
			Residence				
			Fair Market Value Determine	ed By			
			2019 Appraisal As of the date you file, the claim is:	Chack all that			
	4909 Savares		apply.	Sheek all that			
-	Tampa, FL 33		☐ Contingent				
	Number, Street, City,	State & Zip Code	Unliquidated				
Who	owes the debt?	Check one.	☐ Disputed Nature of lien. Check all that apply.				
□ D€	ebtor 1 only		☐ An agreement you made (such as r	mortgage or secu	red		
□ De	ebtor 2 only		car loan)	0 0			
_	ebtor 1 and Debtor 2	2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
At	least one of the de	btors and another	☐ Judgment lien from a lawsuit				
	neck if this claim roommunity debt	elates to a	Other (including a right to offset)	Mortgage			
		Opened					
		05/12 Last					
_	debt was incurred	Active 7/02/19	Last 4 digits of account numb	her 0062			

Add the dollar value of your entries in Column A on this page. Write that number here: \$233,584.00 If this is the last page of your form, add the dollar value totals from all pages. \$233,584.00 Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main

Cas	SC 13-24100-CIVID	Document Page 12 of 45	Desc Main
Fill in this in	formation to identify your		
Debtor 1	Sherry Boyer		
Debior 1	First Name	Middle Name Last Name	
Debtor 2			
(Spouse if, filing)	First Name	Middle Name Last Name	
United States	Bankruptcy Court for the:	WESTERN DISTRICT OF PENNSYLVANIA	
Case number	r 19-24180		
(if known)			Check if this is an
		a	mended filing
Official Fo	orm 106E/F		
		/ho Have Unsecured Claims	12/15
		se Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY clai	
eft. Attach the name and case		ured by Property. If more space is needed, copy the Part you need, fill it out, number the en ge. If you have no information to report in a Part, do not file that Part. On the top of any addi	
	editors have priority unsecure		
No. Go	. ,	a diamis against you.	
■ No. Go	10 Pail 2.		
☐ Yes.			
Part 2: Lis	st All of Your NONPRIORIT	Y Unsecured Claims	
3. Do any cr	editors have nonpriority unsec	cured claims against you?	
☐ No. Yo	u have nothing to report in this p	art. Submit this form to the court with your other schedules.	
Yes.			
unsecured	claim, list the creditor separatel	aims in the alphabetical order of the creditor who holds each claim. If a creditor has more that y for each claim. For each claim listed, identify what type of claim it is. Do not list claims already indicate the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the	cluded in Part 1. If more
T all Z.			Total claim
	gheny Health Network	Last 4 digits of account number	Unknown
1231	riority Creditor's Name I1 Perry Highway ford, PA 15090	When was the debt incurred?	-
Numb	per Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
_	incurred the debt? Check one.		
	ebtor 1 only	Contingent	
	ebtor 2 only	Unliquidated	
	ebtor 1 and Debtor 2 only	Disputed	
	least one of the debtors and an		
∐ Cl debt	neck if this claim is for a com	munity Student loans Obligations arising out of a separation agreement or divorce that you did not	
	claim subject to offset?	report as priority claims	
■ No)	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
П ∨а	ae ae	Other Court. Medical Expenses	

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 13 of 45

Debto	Sherry Boyer		Case number (if known) 19-24180	
4.2	Americollect Inc	Last 4 digits of account number	2216	\$386.00
	Nonpriority Creditor's Name Po Box 1566 Manifeware, WI 54224	When was the debt incurred?	Opened 11/18	
	Manitowoc, WI 54221 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Collection	for Foundation Radiology Group	
4.3	Amex	Last 4 digits of account number	7933	\$5,517.00
	Nonpriority Creditor's Name		Opened 04/16 Last Active	
	P.o. Box 981537 El Paso, TX 79998	When was the debt incurred?	8/13/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify Credit Card	<u> </u>	
4.4	Bank Of America Nonpriority Creditor's Name	Last 4 digits of account number	3317	\$0.00
	Po Box 982238 El Paso, TX 79998	When was the debt incurred?	Opened 12/10 Last Active 10/12/11	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing		
	□Yes	Other. Specify Notice Only	<u> </u>	

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 14 of 45

1 Sherry Boyer 19-24180

Debtor	1 Sherry Boyer	——————	Case number (if known) 19-24180	
4.5	Cmre Financial Services	Last 4 digits of account number		Unknown
	Nonpriority Creditor's Name 3075 E Imperial Highway Brea, CA 92821	When was the debt incurred?		
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin	• •	
	Yes	Other. Specify Medical Ex	penses	
4.6	Credit Collection Service	Last 4 digits of account number		Unknown
	Nonpriority Creditor's Name 725 Canton Street	When was the debt incurred?		
	Norwood, MA 02062 Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Medical Ex	penses	
4.7	Discover Fin Svcs Llc	Last 4 digits of account number	3043	\$8,342.00
	Nonpriority Creditor's Name			40,0 12100
	Po Box 15316 Wilmington, DE 19850	When was the debt incurred?	Opened 08/12 Last Active 8/01/19	
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	<u> </u>	

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 15 of 45

Debtor	Sherry Boyer		Case number (if known)	19-24180	
4.8	Drs. Belasco, Ober & Associates	Last 4 digits of account number			Unknown
	Nonpriority Creditor's Name 1108 fayette Avenue Belle Vernon, PA 15012	When was the debt incurred?			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	Yes	Other. Specify Medical Ex	penses		
4.9	Jpmcb Card	Last 4 digits of account number	9122		\$9,681.00
	Nonpriority Creditor's Name	_	0		
	Po Box 15369 Wilmington, DE 19850	When was the debt incurred?	Opened 12/13 Last 3/01/19	Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	Yes	Other. Specify Credit Card	<u> </u>		
4.1	Jpmcb Card	Last 4 digits of account number	6390		\$6,013.00
	Nonpriority Creditor's Name	_			
	Po Box 15369 Wilmington, DE 19850	When was the debt incurred?	Opened 10/12 Last 3/14/19	: Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	☐ Yes	■ Other. Specify Credit Card	I		

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 16 of 45

1 Sherry Boyer		Case number (if known) 19-24180	
Kohls/capone	Last 4 digits of account number	4801	\$0.00
Nonpriority Creditor's Name	_	0 100/00 1 1 1	
N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051	When was the debt incurred?	Opened 08/09 Last Active 6/23/15	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	■ Other. Specify Notice Only	<u>/</u>	
LCA Collections	Last 4 digits of account number		Unknown
Nonpriority Creditor's Name			
PO Box 2240 Burlington, NC 27216	When was the debt incurred?		
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Medical Ex	penses	
Mon valley Hospital, Inc.	Last 4 digits of account number		Unknown
Nonpriority Creditor's Name 1163 Country Club Road	When was the debt incurred?		
Monongahela, PA 15063-1095 Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	в. Спеск ан шасарру	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
_	Student loans		
☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	and the second of diverse that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□Yes	■ Other Specify Medical Ex	penses	

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main

Document Page 17 of 45

Debtor 1 Sherry Boyer ase number (if known) 19-24180 4.1 Oscar Urrea MD Unknown Last 4 digits of account number 4 Nonpriority Creditor's Name 110 Hidden Valley Road When was the debt incurred? Canonsburg, PA 15317 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Expenses ☐ Yes 4.1 Pnc Bank, N.a. 9711 \$0.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Opened 6/10/09 Last Active Po Box 3180 When was the debt incurred? 4/19/10 Pittsburgh, PA 15230 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Notice Only** Other. Specify 4.1 **Preferred Primary Care** Unknown Last 4 digits of account number 6 Nonpriority Creditor's Name PO Box 1870 When was the debt incurred? Cary, NC 27512 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Expenses ☐ Yes

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main

Debto	or 1 Sherry Boyer	Document Page 1	8 of 45 Case number (if known) <u>19-24180</u>	
4.1	Saint Clair Hospital	Last 4 digits of account number		Unknown
<u>, </u>	Nonpriority Creditor's Name 1000 Bower Hill Rd	When was the debt incurred?		
	Pittsburgh, PA 15243 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts	
	Yes	Other. Specify Medical Ex	penses	
4.1	St Farm Bk	Last 4 digits of account number	2608	\$4,678.00
0	Nonpriority Creditor's Name			. ,
	Attn Credit Reporting Bloomington, IL 61702	When was the debt incurred?	Opened 10/18/13 Last Active 3/25/19	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.1	State Collection Servi	Last 4 digits of account number		Unknown
9	Nonpriority Creditor's Name			
	2509 S Stoughton Rd	When was the debt incurred?		
	Madison, WI 53716 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	ne or the date you me, the claim	or check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		

■ No

☐ Yes

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Medical Expenses

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 19 of 45

Snerry Boyer		Case number (if known) 19-24180	
Syncb/care Credit	Last 4 digits of account number	1887	\$3,428.00
Nonpriority Creditor's Name C/o Po Box 965036		Opened 03/18 Last Active	
Orlando, FL 32896	When was the debt incurred?	3/15/19	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed	Lateta	
At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
☐ Check if this claim is for a community debt			
Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Charge Acc	count	
Syncb/sams Club Dc	Last 4 digits of account number	6192	\$6,831.00
Nonpriority Creditor's Name	Last 4 digits of account number		Ψο,οοτισο
Po Box 965005 Orlando, FL 32896	When was the debt incurred?	Opened 05/15 Last Active 3/01/19	
Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify Credit Card	<u> </u>	
Transworld Sys Inc/51	Last 4 digits of account number	3089	\$182.00
Nonpriority Creditor's Name Pob 15273	When was the debt incurred?	Opened 11/18	
Wilmington, DE 19850 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts	
□Yes	·	for South Pittsburgh Anesthesia	
55	- Other Specify		

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Mair Document Page 20 of 45

ase number (if known) 19-24180 Debtor 1 Sherry Boyer 4.2 Transworld Sys Inc/51 3448 \$154.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Pob 15273 When was the debt incurred? **Opened 04/19** Wilmington, DE 19850 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other, Specify Collection for South Pittsburgh Anesthesia ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor? Allegheny Health Network Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 645266 Part 2: Creditors with Nonpriority Unsecured Claims Pittsburgh, PA 15264-5266 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Foundation Radiology Group** Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 401 Liberty Ave Part 2: Creditors with Nonpriority Unsecured Claims Pittsburgh, PA 15222 Last 4 digits of account number Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total Claim Domestic support obligations** 6a. 0.00 Total claims from Part 1 Taxes and certain other debts you owe the government 6b. 0.00 6с Claims for death or personal injury while you were intoxicated 6с 0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 0.00 **Total Claim** 6f Student loans 6f. 0.00 Total claims from Part 2 Obligations arising out of a separation agreement or divorce that 0.00 6g. you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 6i 45,212.00 Total Nonpriority. Add lines 6f through 6i. 6j. 45,212.00

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main

		I A A d III I I I I	111 1 (1111 - 111	
Fill in this infor	mation to identify your	case:		
Debtor 1	Sherry Boyer			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT C	DF PENNSYLVANIA	
Case number	19-24180			
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with	whom you have the	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.3	City		State	ZIF Code	
2.0	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.5	City		Oldio	211 0000	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main

O	COC 10 2-100 OND	Docume	ent Page 22 d	of 45	0.42 Desc Main
Fill in this	information to identify your				
Debtor 1	Sherry Boyer				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ng) First Name	Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the:	WESTERN DISTRICT (OF PENNSYLVANIA		
Case num	ber 19-24180				
(if known)	13-24100				☐ Check if this is an amended filing
Officia	l Form 106H				
	lule H: Your Cod	lahtors			12/15
SCIICO	iule II. Toul Coc	ienioi 2			12/13
ill it out, a our name		e boxes on the left. Attach). Answer every question	n the Additional Page t	to this page. On the top o	ded, copy the Additional Page, of any Additional Pages, write
■ No □ Yes	、				
	hin the last 8 years, have yo na, California, Idaho, Louisiana				tates and territories include
	Go to line 3.				
⊔ Yes	s. Did your spouse, former spo	buse, or legal equivalent live	e with you at the time?		
in line Form	2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	sure you have listed the	vith you. List the person shown creditor on Schedule D (Official hedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Column 2: The credi	tor to whom you owe the debt that apply:
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	·
				☐ Schedule G, line	
	Number Street City	State	ZIP Code	_	
3.2				☐ Schedule D, line	
	Name			Schedule D, line	
				☐ Schedule G, line	
-	Number Street			_	
	City	State	ZIP Code		

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 23 of 45

Fill	in this information to identify your c	ase:							
Del	btor 1 Sherry Boye	er							
	btor 2 buse, if filing)				_				
Uni	ited States Bankruptcy Court for the	: WESTERN DISTRICT	Γ OF PENNSYLVANIA	A					
Cas	se number 19-24180				_ ,	Check if this is:			
(If kr	nown)		-			☐ An amende	d filing		
_								g postpetition collowing date:	hapter
<u>O</u>	fficial Form 106I					MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome							12/15
sup spo atta	as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filing wi	ng jointly, and your sith you, do not inclu	spouse i de inforr	s living nation a	with you, inclu bout your spo	ude inforn use. If mo	nation about y ore space is ne	our eeded,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-fi	ling spouse	
	If you have more than one job,	Francis and status	■ Employed			☐ Emplo	oyed		
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not e	mployed		
	employers.	Occupation	Labor						
	Include part-time, seasonal, or self-employed work.	Employer's name	Diversified Of H	luman S	Service	5			
	Occupation may include student or homemaker, if it applies.	Employer's address	300 Chamber Pl Charleroi, PA 15						
		How long employed the	here?						
Pai	rt 2: Give Details About Mor	nthly Income							
spoi	mate monthly income as of the duse unless you are separated. ou or your non-filing spouse have mee space, attach a separate sheet to	ore than one employer, co	, ,		•		•	·	J
					Fo	r Debtor 1		btor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	423.91	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	423.91	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 24 of 45

Debt	tor 1	Sherry Boyer		Cas	e number (if known)	19-241	80		
				Fo	or Debtor 1	For Donor-fi		2 or spouse	
	Cop	y line 4 here	4.	\$	423.91	\$		N/A	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	55.19	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$		N/A	
	5e.	Insurance	5e.	\$	0.00	\$		N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$		N/A	
	5g.	Union dues	5g.	_	0.00	\$		N/A	
	5h.	Other deductions. Specify:	5h	+ \$_	0.00	+ \$		N/A	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	55.19	\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	368.72	\$		N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business,							
		profession, or farm Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total	0 -	•	2.22	Φ.		A1/A	
	8b.	monthly net income. Interest and dividends	8a. 8b.	\$ \$	0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent		Φ_	0.00	Φ		N/A	
	oc.	regularly receive							
		Include alimony, spousal support, child support, maintenance, divorce							
		settlement, and property settlement.	8c.	\$_	0.00	\$		N/A	
	8d.	Unemployment compensation	8d.		0.00	\$		N/A	
	8e.	Social Security	8e.	\$_	0.00	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.							
		Specify:	8f.	\$_	0.00	\$		N/A	
	8g.	Pension or retirement income	8g.	_	0.00	\$		N/A	
	8h.	Other monthly income. Specify: Spousal Support	_ 8h	+ \$_	250.00	+ \$		N/A	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	250.00	\$		N/A	
10	Cal	culate monthly income. Add line 7 + line 9.	10. \$		618.72 + \$		N/A	= \$	618.72
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	'0. 4		<u>σιο.72</u> τ ψ.		INA		010.72
11.	Stat Inclu	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	deper				nedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies					12.	\$	618.72
	•						١	Combine	ed
13.	Do :	you expect an increase or decrease within the year after you file this form	?					monthly	income
		No.							1

Official Form 106l Schedule I: Your Income page 2

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 25 of 45

ΕIII	in this informa	tion to identify yo	ur case.			1				
	otor 1	Sherry Boyer						if this is:		
	otor 2 ouse, if filing)						Α		ving postpetition chapt the following date:	er
Unit	ted States Bankr	uptcy Court for the:	WESTE	RN DISTRICT OF PEN	NSYLVANIA		M	M / DD / YYYY		
Cas	se number 19	9-24180								
(If kı	nown)									
Of	fficial Fo	rm 106J								
S	chedule	J: Your I	Expen	ises					1	2/1
info	ormation. If m	and accurate as ore space is nee n). Answer ever	eded, atta	If two married people ch another sheet to the n.	are filing together, b is form. On the top of	oth are ed f any addi	quall	y responsible fo al pages, write y	r supplying correct our name and case	
Par		ibe Your House	hold							
1.	Is this a joir									
	■ No. Go to	o line 2. e s Debtor 2 live i	n a separa	ate household?						
	□N		·							
	ΠY	es. Debtor 2 mus	t file Officia	al Form 106J-2, <i>Expens</i>	ses for Separate House	ehold of D	ebto	r 2.		
2.	Do you have	e dependents?	□ No							
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto			Dependent's age	Does dependent live with you?	
	Do not state dependents				Daughter - stu	ıdent		18	■ No □ Yes	
					Daughter - stu	ıdent		21	■ No □ Yes	
									□ No □ Yes	
									□ No	
3.	Do your ove	penses include	_						☐ Yes	
ა.	expenses o	f people other the d your depender	han 🗖	No Yes						
Est exp	imate your ex		our bankru	y Expenses uptcy filing date unless y is filed. If this is a su						
the		h assistance and		government assistance luded it on <i>Schedule I</i>				Your expe	enses	
, 511		· - · · ,								
4.		or home owners! and any rent for the		ses for your residence r lot.	. Include first mortgag	e 4.	\$		0.00	
	If not includ	led in line 4:								
		estate taxes				4a.			0.00	
		rty, homeowner's maintenance, re				4b. 4c.			0.00	
		owner's associati	•			4d.			0.00 0.00	
5.	Additional r	nortgage payme	nts for yo	our residence, such as	home equity loans	5.	\$		0.00	

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 26 of 45

Debtor 1	Sherry B	Boyer	Case num	ber (if known)	19-24180
i. Utili 6a.	ities:	heat, natural gas	6a.	¢	0.00
	•		6b.	· -	0.00
6b.		wer, garbage collection		· · — — —	
6c.	•	e, cell phone, Internet, satellite, and cable services	6c.	·	0.00
6d.	Other. Spe		6d.	*	0.00
		ekeeping supplies	7.		400.00
Chil	ldcare and c	children's education costs	8.		0.00
Clot	thing, laund	ry, and dry cleaning	9.	\$	20.00
0. Pers	sonal care p	products and services	10.	\$	25.00
1. Med	lical and de	ntal expenses	11.	\$	25.00
2. Trar	nsportation.	Include gas, maintenance, bus or train fare.			400.00
		ar payments.	12.		100.00
3. Ente	ertainment,	clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
l. Cha	ritable cont	ributions and religious donations	14.	\$	0.00
5. Insu	ırance.				
		surance deducted from your pay or included in lines 4 or 20.			
15a.	. Life insura	ance	15a.	\$	0.00
15b.	. Health ins	urance	15b.	\$	0.00
15c.	. Vehicle ins	surance	15c.	\$	0.00
		rrance. Specify:	15d.		0.00
		iclude taxes deducted from your pay or included in lines 4 or 20.		·	
Spe		is as takes deducted from your pay of included in into 4 of 20.	16.	\$	0.00
		ease payments:		_	
17a.	. Car payme	ents for Vehicle 1	17a.	\$	0.00
17b.	. Car payme	ents for Vehicle 2	17b.	\$	0.00
17c.	Other. Spe	ecify:	17c.	\$	0.00
	. Other. Spe		17d.	\$	0.00
		of alimony, maintenance, and support that you did not report			0.00
		your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106	i i). 18.		0.00
9. Oth	er payments	s you make to support others who do not live with you.		\$	0.00
Spe	·		19.		
		erty expenses not included in lines 4 or 5 of this form or on So			
20a.	. Mortgages	s on other property	20a.	\$	0.00
20b.	. Real estat	re taxes	20b.	\$	0.00
20c.	. Property, I	homeowner's, or renter's insurance	20c.	\$	0.00
20d.	. Maintenar	nce, repair, and upkeep expenses	20d.	\$	0.00
20e.	. Homeown	er's association or condominium dues	20e.	\$	0.00
	er: Specify:	Pet Care Expenses		+\$	50.00
		· · · · · · · · · · · · · · · · · · ·		. Ψ	30.00
	•	monthly expenses			
	. Add lines 4	<u> </u>		\$	670.00
22b.	. Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-	-2	\$	
22c.	Add line 22	a and 22b. The result is your monthly expenses.		\$	670.00
					3.0.00
		monthly net income.		•	=-
		12 (your combined monthly income) from Schedule I.	23a.		618.72
23b.	. Copy your	monthly expenses from line 22c above.	23b.	-\$	670.00
220	Subtractiv	your monthly expenses from your monthly income			
23 C.		our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	-51.28
		•			
		an increase or decrease in your expenses within the year after ou expect to finish paying for your car loan within the year or do you expect y			agea or decrease hospital of a
		bu expect to finish paying for your car loan within the year or do you expect y terms of your mortgage?	your mortgage	payını c ını ıö imere	ase of decrease decause of a
		tomo o your mongago.			
		[F			
\square Y	es.	Explain here:			

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 27 of 45

Fill in this info	ormation to identify your	case:			
Debtor 1	Sherry Boyer				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the:	WESTERN DISTRICT	OF PENNSYLVANIA		
Case number	19-24180				
(if known)					Check if this is an
					amended filing
	=				
	orm 106Dec				
Declara	ation About a	ın Individual	Debtor's So	chedules	12/15
	. 18 U.S.C. §§ 152, 1341, 1 sign Below	519, and 35/1.			
	pay or agree to pay some	one who is NOT an attor	rney to help you fill out	bankruptcy forms?	
■ No					
☐ Yes	. Name of person				ruptcy Petition Preparer's Notice, and Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the sum	nmary and schedules fil	led with this declaration	n and
X /s/ S	herry Boyer		x		
Sher	rry Boyer ature of Debtor 1		Signature o	of Debtor 2	
Date	December 2, 2019		Date		

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 28 of 45

HIII	in this info	rmation to identify you	r easo:			
			case.			
Der	otor 1	Sherry Boyer First Name	Middle Name	Last Name		
	otor 2					
(Spo	use if, filing)	First Name	Middle Name	Last Name		
Uni	ted States B	ankruptcy Court for the:	WESTERN DISTRICT OF	PENNSYLVANIA		
Cas	se number	19-24180				
(if kn	own)					heck if this is an
					a	mended filing
<u>Of</u>	ficial Fo	orm 107				
Sta	atemen	t of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/19
					equally responsible for sup	
		more space is needed, vn). Answer every que:		this form. On the top of any	y additional pages, write you	ir name and case
	<u> </u>	, , , , , , , , , , , , , , , , , , , ,				
Par	t 1: Give	Details About Your Ma	rital Status and Where You	Lived Before		
1.	What is yo	ur current marital statu	ıs?			
	☐ Marrie	d				
	■ Not ma	arried				
2.	During the	last 3 years have you	lived anywhere other than	where you live now?		
- .	During the	last 5 years, have you	iived any where other than	where you live now :		
	■ No					
	☐ Yes. L	ist all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>l</i> .	
	Debtor 1 F	Prior Address:	Dates Debtor 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2
			lived there			lived there
3. state	Within the	last 8 years, did you ev	ver live with a spouse or leg	gal equivalent in a commun	ity property state or territory	/? (Community property
oluic	oo ana tonne	moo morado mizona, od	mornia, idano, Lodiolana, ivo	vada, ivew iviexioo, i deito it	iso, roxas, vvasnington and vi	1300113111.)
	■ No					
	☐ Yes. N	Make sure you fill out Sch	nedule H: Your Codebtors (Of	fficial Form 106H).		
Par	t 2 Expl	ain the Sources of You	r Income			
4.			nployment or from operatin u received from all jobs and a		ear or the two previous caler time activities.	ndar years?
			have income that you receive			
	□ No					
	Yes. F	ill in the details.				
			Dobtos 4		Dobtor 2	
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income
			Check all that apply.	(before deductions and	Check all that apply.	(before deductions
				exclusions)		and exclusions)
		1 of current year until	■ Wages, commissions,	\$635.86	☐ Wages, commissions,	
ıne	uate you fil	led for bankruptcy:	bonuses, tips		bonuses, tips	
			☐ Operating a business		Operating a business	

Official Form 107

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 29 of 45 Case number (if known) 19-24180

5.	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of <i>other income</i> are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.							
	List each	source and t	he gross income from	each source separately.	Do not include income	that you listed in lir	ne 4.	
	■ No □ Yes.	Fill in the de	etails.					
			Debtor	1		Debtor 2		
			Source	s of income e below. ea (b	ross income from ach source efore deductions and aclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Pa	yments You Made Be	efore You Filed for Bank	ruptcy			
6.	■ Yes.	Neither De individual puring the No. Yes * Subject* Debtor 1 of	ebtor 1 nor Debtor 2 I orimarily for a personal 90 days before you file Go to line 7. List below each cred paid that creditor. Do not include payment to adjustment on 4/01/ or Debtor 2 or both ha 90 days before you file Go to line 7. List below each cred include payments for attorney for this bank	primarily consumer debras primarily consumer ly family, or household pured for bankruptcy, did you liter to whom you paid a to not include payments for sto an attorney for this base are primarily consumer led for bankruptcy, did you liter to whom you paid a to do not include payments for the primarily consumer led for bankruptcy, did you liter to whom you paid a to do not include you paid a to do not include you paid a to do not include you liter to whom you paid a to do not include you paid a to do not you	debts. Consumer deb rpose." I pay any creditor a total otal of \$6,825* or more r domestic support obli- ankruptcy case. er that for cases filed or debts. II pay any creditor a total otal of \$600 or more an	al of \$6,825* or mo in one or more pay gations, such as character the date of \$600 or more?	re? ments and the hild support and fadjustment.	total amount you l alimony. Also, do reditor. Do not lude payments to an
	Creditor	5 Name and	Audiess	bates of payment	paid	still owe	was tills pay	yment for
7.	Insiders in of which y a business alimony.	nclude your r ou are an of s you operat	elatives; any general p ficer, director, person i	etcy, did you make a pay cartners; relatives of any on control, or owner of 20% 11 U.S.C. § 101. Include	general partners; partne % or more of their votin	erships of which yo g securities; and ar	u are a general ny managing ag	partner; corporations gent, including one fo
	Insider's	Name and	Address	Dates of payment	Total amount	Amount you still owe	Reason for t	his payment
8.	insider? Include pa	ayments on o	you filed for bankrup debts guaranteed or co	otcy, did you make any posigned by an insider.	paid payments or transfer a		ccount of a de	bt that benefited an
	Insider's	Name and	Address	Dates of payment	Total amount	Amount you		his payment
					paid	still owe	Include credi	ioi s name

Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 30 of 45 Case number (if known) 19-24180 Case 19-24180-CMB

Debtor 1 Sherry Boyer

Pa	t 4: Identify Legal Actions, Repossessio	ns, and Foreclosures			
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.				
	■ No □ Yes. Fill in the details.				
	Case title Case number	Nature of the case	Court or agency	Status of the	e case
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo		rty repossessed, foreclosed	, garnished, attached	, seized, or levied?
	No. Go to line 11.☐ Yes. Fill in the information below.				
	Creditor Name and Address	Describe the Property		Date	Value of the property
		Explain what happened			
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment bed ■ No □ Yes. Fill in the details.		uding a bank or financial ins	stitution, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date action was taken	Amount
	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a ■ No □ Yes	another official?	rty in the possession of an a	issignee for the bene	nt of creditors, a
	t 5: List Certain Gifts and Contributions Within 2 years before you filed for bankrup		s with a total value of more the	nan \$600 per person?	
	■ No□ Yes. Fill in the details for each gift.				
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:				
14.	Within 2 years before you filed for bankrup	ptcy, did you give any gifts	or contributions with a tota	I value of more than S	6600 to any charity?
	No☐ Yes. Fill in the details for each gift or cor	ntribution.			
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	ŕ	contributed	Dates you contributed	Value
Pa	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankrupt or gambling?	tcy or since you filed for b	ankruptcy, did you lose anyt	hing because of theft	, fire, other disaster,
	■ No □ Yes. Fill in the details.				
	Describe the property you lost and	Describe any insurance co	verage for the loss	Date of your	Value of property
		nclude the amount that insu nsurance claims on line 33 o	rance has paid. List pending of Schedule A/B: Property.	loss	lost

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 31 of 45 Case number (if known) 19-24180

Debtor 1 Sherry Boyer

Par	7: List Certain Payments or Transfers					
16.	Within 1 year before you filed for bankrupto consulted about seeking bankruptcy or pre Include any attorneys, bankruptcy petition prep	paring a bankruptcy pe	tition?			rty to anyone you
	□ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	transferred	alue of any proper		Date payment or transfer was nade	Amount of payment
	McElrath Legal Holdings, LLC 1641 Saw Mill Run Blvd. Pittsburgh, PA 15210	filing fee \$335.0 legal fees & exp	00 penses \$1,165.00		October 12, 2019	\$1,165.00
17.	Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that you not include any pay	ors or to make payment			ransfer any prope	rty to anyone who
	Person Who Was Paid Address	Description and transferred	alue of any proper	ĺ	Date payment or transfer was nade	Amount of payment
18.	Within 2 years before you filed for bankrupt transferred in the ordinary course of your be include both outright transfers and transfers minclude gifts and transfers that you have alread No Yes. Fill in the details.	usiness or financial affade as security (such as	airs? the granting of a sec			
	Person Who Received Transfer	Description and	value of	Describe any	v property or	Date transfer was
	Address	property transfer			ceived or debts	made
19.	Person's relationship to you Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.	otection devices.)	,,,,		or similar device	·
	Name of trust	Description and	alue of the propert	y transferred		Date Transfer was made
Par		•			our name, or for w	our banefit alocad
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso No Yes. Fill in the details.	or other financial accou	nts; certificates of		•	, ,
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account of instrument	close move	account was d, sold, d, or ferred	Last balance before closing or transfer

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 32 of 45 180

		Document 1 age 32 of 43	
Debtor 1	Sherry Boyer	Case number (if known) 1	19-24

21.	-	u now have, or did you have within 1 year or other valuables?	before you filed for bankruptcy, ar	ıy s	afe deposit box or other deposito	ory for securities,
	_	lo				
	□ Y	es. Fill in the details.				
		e of Financial Institution ess (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	De	scribe the contents	Do you still have it?
22.	Have	you stored property in a storage unit or pl	ace other than your home within 1	yea	r before you filed for bankruptcy	?
	N	lo				
	□ Y	es. Fill in the details.				
		e of Storage Facility ess (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	De	scribe the contents	Do you still have it?
Par	t 9:	Identify Property You Hold or Control for	Someone Else			
23.		u hold or control any property that someomeone.	ne else owns? Include any propert	ty yo	ou borrowed from, are storing for	, or hold in trust
		lo				
	□ Y	es. Fill in the details.				
	-	er's Name ess (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	scribe the property	Value
Par	t 10:	Give Details About Environmental Informa	ation			
For	the pu	rpose of Part 10, the following definitions	apply:			
	toxic	onmental law means any federal, state, or substances, wastes, or material into the a ations controlling the cleanup of these sul	ir, land, soil, surface water, ground			
		neans any location, facility, or property as n, operate, or utilize it, including disposal		aw,	whether you now own, operate,	or utilize it or used
		dous material means anything an environ dous material, pollutant, contaminant, or s		wa	ste, hazardous substance, toxic s	substance,
Rep	ort all	notices, releases, and proceedings that yo	ou know about, regardless of when	the	ey occurred.	
24.	Has a	ny governmental unit notified you that you	ı may be liable or potentially liable	unc	der or in violation of an environme	ental law?
		lo				
	□ Y	es. Fill in the details.				
		e of site ess (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	ı	Environmental law, if you know it	Date of notice
25.	Have	you notified any governmental unit of any	release of hazardous material?			
		lo				
	_	es. Fill in the details.				
		e of site ess (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	i	Environmental law, if you know it	Date of notice
			5000)			

Page 33 of 45
Case number (if known) 19-24180 Debtor 1 Sherry Boyer 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Nature of the case Status of the Court or agency **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Sherry Boyer **Sherry Boyer** Signature of Debtor 2 Signature of Debtor 1 Date December 2, 2019 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 19-24180-CMB

Doc 15

Filed 12/02/19

Document

Entered 12/02/19 05:56:42

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 34 of 45

Fill in this inform	nation to identify your	case:			
Debtor 1	Sherry Boyer First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	WESTERN DISTR	CICT OF PENNSYLVANIA		
Coco number 4	10.04400				
Case number _1	9-24180				ck if this is an nded filing
Official Fo	rm 108				
Statemen	t of Intentio	n for Indiv	iduals Filing Under	Chapter 7	12/15
	vidual filing under cha cclaims secured by yo		out this form if:		
You must file this	ver is earlier, unless tl	vithin 30 days after	ot expired. you file your bankruptcy petition or b e time for cause. You must also send		
	ople are filing togethe d date the form.	r in a joint case, bot	h are equally responsible for supplyi	ng correct information. Both	n debtors must
	nd accurate as possit our name and case nu		needed, attach a separate sheet to the	nis form. On the top of any a	dditional pages,
Part 1: List Yo	our Creditors Who Hav	e Secured Claims			
1. For any creditor		art 1 of Schedule D	Creditors Who Have Claims Secured	l by Property (Official Form	106D), fill in the
Identify the cre	ditor and the property t	hat is collateral	What do you intend to do with the p secures a debt?		laim the property ot on Schedule C?
	ankamerica		Surrender the property.	■ No	
name: Description of	108 Howard Stree	t Charleroi.	☐ Retain the property and redeem it ☐ Retain the property and enter into Reaffirmation Agreement.		
property securing debt:	PA 15022 Washin Residence	gton County	Retain the property and [explain]:		
	Fair Market Value By 2019 Appraisal				
Part 2: List Vo	our Unexpired Persona	I Property I eases			
For any unexpired in the information	d personal property le n below. Do not list re	ase that you listed all estate leases. Un	in Schedule G: Executory Contracts a expired leases are leases that are still he trustee does not assume it. 11 U.S	I in effect; the lease period h	
Describe your un	nexpired personal pro	perty leases		Will the lease	be assumed?
Lessor's name:				□ No	
Description of lea Property:	sed			☐ Yes	
Lessor's name: Description of lea	sed			□ No	
Property:	J04			П Yes	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 35 of 45

Debtor 1 Sherry Boyer	Case number (if known) 19-24180	
Lessor's name:	□ No	
Description of leased Property:	☐ Yes	
Lessor's name:	□ No	
Description of leased Property:	☐ Yes	
Lessor's name:	□ No	
Description of leased		
Property:	☐ Yes	
Lessor's name:	□ No	
Description of leased Property:	☐ Yes	
	55	
Lessor's name:	□ No	
Description of leased Property:	☐ Yes	
Part 3: Sign Below		
Under penalty of perjury, I declare that I have indicated my intention about any property that is subject to an unexpired lease.	y property of my estate that secures a debt an	d any personal
X /s/ Sherry Boyer X		
- · · · · · · · · · · · · · · · · · · ·	nature of Debtor 2	
Signature of Debtor 1		
Date December 2, 2019 Date		_

Fill in this infor	mation to identify your case:		Che	eck one box c	only as di	rected in this form and	in Form
Debtor 1	Sherry Boyer		122	2A-1Supp:			
Debtor 2				1 Thoroic	no proci	umption of abuse	
(Spouse, if filing)				_		·	
United States I	Bankruptcy Court for the: Western District o	Pennsylvania	_ '	applies	will be m	o determine if a presur nade under <i>Chapter 7 l</i>	
Case number	19-24180			Calcula	tion (Offi	cial Form 122A-2).	
(if known)						does not apply now be service but it could ap	
				☐ Check if t	his is a	n amended filing	
Official F	orm 122A - 1						
Chapter	7 Statement of Your Cur	rent Mont	thly Inc	ome			10/19
attach a separate case number (if I qualifying militar	and accurate as possible. If two married people as sheet to this form. Include the line number to we known). If you believe that you are exempted from y service, complete and file Statement of Exempted.	hich the additional mapresumption of	information a abuse because	pplies. On the se you do not	top of ar	ny additional pages, writ narily consumer debts o	e your name and r because of
	Iculate Your Current Monthly Income						
	our marital and filing status? Check one or	ıly.					
	arried. Fill out Column A, lines 2-11.						
☐ Marrie	d and your spouse is filing with you. Fill ou	ıt both Columns A	and B, lines	2-11.			
■ Marrie	d and your spouse is NOT filing with you.	You and your spo	ouse are:				
☐ Livi	ng in the same household and are not lega	Illy separated. Fill	l out both Col	umns A and I	3, lines 2	<u>-</u> 11.	
per	ng separately or are legally separated. Fill a latty of perjury that you and your spouse are large apart for reasons that do not include evading	egally separated u	nder nonban	kruptcy law th	at applie	es or that you and your	
101(10A). For the 6 months,	erage monthly income that you received from all example, if you are filing on September 15, the 6-m add the income for all 6 months and divide the total the same rental property, put the income from that p	onth period would be by 6. Fill in the result	e March 1 throu t. Do not includ	igh August 31. le any income a	If the amo	unt of your monthly incomore than once. For examp	ne varied during le, if both
				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
Your grospayroll de	ss wages, salary, tips, bonuses, overtime, ductions).	and commissions	s (before all	\$	77.07	\$	
	and maintenance payments. Do not include is filled in.	payments from a s	spouse if	\$	0.00	\$	
of you or from an u and room	nts from any source which are regularly payour dependents, including child support nmarried partner, members of your household mates. Include regular contributions from a spont include payments you listed on line 3.	Include regular co d, your dependents	ontributions s, parents,	\$	0.00	\$	
Net incor	ne from operating a business, profession,						
		Debto	or 1				
	eipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>					
-	and necessary operating expenses	0.00	opy here ->	¢	0.00	\$	
	nly income from a business, profession, or far ne from rental and other real property	m \$ O.	opy nere >	Ψ	0.00	Ψ	
o. Net incor	ne nom rental and other real property	Debto	or 1				
Gross rec	eipts (before all deductions)	\$ 0.00					
	and necessary operating expenses	-\$ 0.00					
-	nly income from rental or other real property	\$ 0.00 C	opy here ->	\$	0.00	\$	
	dividends and royalties			\$	0.00	\$	

Official Form 122A-1

7. Interest, dividends, and royalties

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 37 of 45

Debto	1 Sherry Boyer			Case number	(if known)	19-24180			
				Column A Debtor 1		Column B Debtor 2 or non-filing			
8.	Unemployment compensation			\$	0.00	\$			
	Do not enter the amount if you contend that the amoun the Social Security Act. Instead, list it here:	t received was a benef	it under	-					
	For you\$	0.0	00						
	For your spouse \$								
9.	Pension or retirement income. Do not include any and benefit under the Social Security Act. Also, except as so not include any compensation, pension, pay, annuity, or United States Government in connection with a disability disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that a does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chap	tated in the next senter or allowance paid by the ty, combat-related injur- ces. If you received any pay only to the extent to u would otherwise be e	nce, do e ry or retired hat it	\$_	0.00	\$			
10.	Income from all other sources not listed above. Specific points and benefits received under the Social Species as a victim of a war crime, a crime against hur domestic terrorism; or compensation, pension, pay, and United States Government in connection with a disability disability, or death of a member of the uniformed services ources on a separate page and put the total below.	Security Act; payments manity, or international nuity, or allowance paid ty, combat-related injuit	or d by the ry or						
	Spousal Support			\$	250.00	\$			
				\$	0.00	\$			
	Total amounts from separate pages, if any.		+	\$	0.00	\$			
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the to		\$	327.07	+ _		= \$	327.07	
Part	2: Determine Whether the Means Test Applies t	o You					incom	current monthly e	
12.	Calculate your current monthly income for the year	Follow these steps:							
	12a. Copy your total current monthly income from line	·		Сор	y line 11 h	iere=>	\$	327.07	
	Multiply by 12 (the number of months in a year)						X	12	J
	12b. The result is your annual income for this part of th	e form				12b	. \$	3,924.84	
13.	Calculate the median family income that applies to	you. Follow these step	os:						J
	Fill in the state in which you live.	PA							
	Fill in the number of people in your household.	3							_
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link sp	pecified i	in the separa	ate instruct	13. tions	\$	82,518.00	
14.	How do the lines compare?								
	14a. Line 12b is less than or equal to line 13. O	n the top of page 1, ch	eck box	1, There is i	no presum	ption of abus	e.		
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2,	The pre	esumption of	abuse is o	determined by	/ Form 1.	22A-2.	
Part									
	By signing here, I declare under penalty of perjury	that the information or	n this sta	tement and	in any atta	chments is tr	ue and c	orrect.	_
	X /s/ Sherry Boyer Sherry Boyer Signature of Debtor 1								
	Date December 2, 2019								

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 38 of 45

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1 Sherry Boyer Case number (if known) 19-24180

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 04/01/2019 to 09/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Diversified Of Human Services Inc.

Income by Month:

6 Months Ago:	04/2019	\$0.00
5 Months Ago:	05/2019	\$0.00
4 Months Ago:	06/2019	\$0.00
3 Months Ago:	07/2019	\$0.00
2 Months Ago:	08/2019	\$0.00
Last Month:	09/2019	\$462.44
	Average per month:	\$77.07

Line 10 - Income from all other sources

Source of Income: Spousal Support

Income by Month:

6 Months Ago:	04/2019	\$250.00
5 Months Ago:	05/2019	\$250.00
4 Months Ago:	06/2019	\$250.00
3 Months Ago:	07/2019	\$250.00
2 Months Ago:	08/2019	\$250.00
Last Month:	09/2019	\$250.00
	Average per month:	\$250.00

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 41 of 45

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 44 of 45

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Pennsylvania

In re	Sherry Boyer		Case No.	19-24180
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPI	ENSATION OF ATTO	RNEY FOR DE	BTOR(S)
(Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the filbe rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	1,165.00
	Prior to the filing of this statement I have received	1	\$	1,165.00
	Balance Due		\$	0.00
2. ′	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3. ′	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed con	npensation with any other person	unless they are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n			
5.	In return for the above-disclosed fee, I have agreed to	render legal service for all aspect	s of the bankruptcy ca	ase, including:
1	a. Analysis of the debtor's financial situation, and ren- b. Preparation and filing of any petition, schedules, st c. Representation of the debtor at the meeting of cred- d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applicat 522(f)(2)(A) for avoidance of liens on h	atement of affairs and plan which itors and confirmation hearing, an reduce to market value; exc ions as needed; preparation	n may be required; and any adjourned hear emption planning;	ings thereof; preparation and filing of
6.]	By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.			
		CERTIFICATION		
	I certify that the foregoing is a complete statement of a ankruptcy proceeding.	any agreement or arrangement for	payment to me for re	presentation of the debtor(s) in
D	ecember 2, 2019	/s/ Paul W. McElr	ath, Jr.	
D	ate	Paul W. McElrath Signature of Attorne	, -	
		McElrath Legal H	oldings, LLC	
		1641 Saw Mill Ru Pittsburgh, PA 1		
		412-765-3606 Fa	x: 412-765-1917	
		ecf@mcelrathlaw Name of law firm	.com	
		ivame oj iaw jirm		

Case 19-24180-CMB Doc 15 Filed 12/02/19 Entered 12/02/19 05:56:42 Desc Main Document Page 45 of 45

United States Bankruptcy Court Western District of Pennsylvania

In re	Sherry Boyer	Debtor(s)	_ Case No. Chapter	19-24180 7		
	VERIFICATION OF CREDITOR MATRIX					
The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.						
Date:	December 2, 2019	/s/ Sherry Boyer				

Sherry Boyer
Signature of Debtor